# Union Calendar No. 262

115TH CONGRESS 1ST SESSION

# H.R.3922

[Report No. 115-359, Part I]

To extend funding for certain public health programs, and for other purposes.

# IN THE HOUSE OF REPRESENTATIVES

### **OCTOBER 3, 2017**

Mr. Walden introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

### OCTOBER 19, 2017

Reported from the Committee on Energy and Commerce with an amendment [Strike out all after the enacting clause and insert the part printed in italic]

## OCTOBER 19, 2017

The Committee on Ways and Means discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[For text of introduced bill, see copy of bill as introduced on October 3, 2017]

# A BILL

To extend funding for certain public health programs, and for other purposes.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE.
- 4 This Act may be cited as the "Community Health And
- 5 Medical Professionals Improve Our Nation Act of 2017" or
- 6 the "CHAMPION Act".
- 7 SEC. 2. TABLE OF CONTENTS.
- 8 The table of contents for this Act is as follows:
  - Sec. 1. Short title.
  - Sec. 2. Table of contents.

### TITLE I—EXTENSION OF PUBLIC HEALTH PROGRAMS

- Sec. 101. Extension for community health centers and the National Health Service Corps.
- Sec. 102. Extension for special diabetes programs.
- Sec. 103. Reauthorization of program of payments to teaching health centers that operate graduate medical education programs.
- Sec. 104. Extension for family-to-family health information centers.
- Sec. 105. Youth empowerment program; personal responsibility education.

### TITLE II—OFFSETS

- Sec. 201. Providing for qualified health plan grace period requirements for issuer receipt of advance payments of cost-sharing reductions and premium tax credits that are more consistent with State law grace period requirements.
- Sec. 202. Prevention and Public Health Fund.

# 9 TITLE I—EXTENSION OF PUBLIC 10 HEALTH PROGRAMS

- 11 SEC. 101. EXTENSION FOR COMMUNITY HEALTH CENTERS
- 12 AND THE NATIONAL HEALTH SERVICE CORPS.
- 13 (a) Community Health Centers Funding.—Sec-
- 14 tion 10503(b)(1)(E) of the Patient Protection and Afford-
- 15 able Care Act (42 U.S.C. 254b–2(b)(1)(E)) is amended by
- 16 striking "2017" and inserting "2019".

1	(b) Other Community Health Centers Provi-
2	SIONS.—Section 330 of the Public Health Service Act (42
3	U.S.C. 254b) is amended—
4	(1) in subsection $(b)(1)(A)(ii)$ , by striking
5	"abuse" and inserting "use disorder";
6	(2) in subsection $(b)(2)(A)$ , by striking "abuse"
7	and inserting "use disorder";
8	(3) in subsection (c)—
9	(A) in paragraph (1), by striking subpara-
10	graphs (B) through (D);
11	(B) by striking "(1) In general" and all
12	that follows through "The Secretary" and insert-
13	ing the following:
14	"(1) Centers.—The Secretary"; and
15	(C) in paragraph (1), as amended, by redes-
16	ignating clauses (i) through (v) as subpara-
17	graphs (A) through (E) and moving the margin
18	of each of such redesignated subparagraph 2 ems
19	to the left;
20	(4) by striking subsection (d) and inserting the
21	following:
22	"(d) Improving Quality of Care.—
23	"(1) Supplemental awards.—The Secretary
24	may award supplemental grant funds to health cen-
25	ters funded under this section to implement evidence-

1	based models for increasing access to high-quality pri-
2	mary care services, which may include models related
3	to—
4	"(A) improving the delivery of care for in-
5	dividuals with multiple chronic conditions;
6	"(B) workforce configuration;
7	"(C) reducing the cost of care;
8	"(D) enhancing care coordination;
9	"(E) expanding the use of telehealth and
10	technology-enabled collaborative learning and ca-
11	pacity building models;
12	"(F) care integration, including integration
13	of behavioral health, mental health, or substance
14	use disorder services; and
15	"(G) addressing emerging public health or
16	substance use disorder issues to meet the health
17	needs of the population served by the health cen-
18	ter.
19	"(2) Sustainability.—In making supplemental
20	awards under this subsection, the Secretary may con-
21	sider whether the health center involved has submitted
22	a plan for continuing the activities funded under this
23	subsection after supplemental funding is expended.
24	"(3) Special consideration.—The Secretary
25	may give special consideration to applications for

1	supplemental funding under this subsection that seek
2	to address significant barriers to access to care in
3	areas with a greater shortage of health care providers
4	and health services relative to the national average.";
5	(5) in subsection (e)(1)—
6	$(A) \ in \ subparagraph \ (B)$ —
7	(i) by striking "2 years" and inserting
8	"1 year"; and
9	(ii) by adding at the end the following:
10	"The Secretary shall not make a grant
11	under this paragraph unless the applicant
12	provides assurances to the Secretary that
13	within 120 days of receiving grant funding
14	for the operation of the health center, the
15	applicant will submit, for approval by the
16	Secretary, an implementation plan to meet
17	the requirements of subsection $(l)(3)$ . The
18	Secretary may extend such 120-day period
19	for achieving compliance upon a demonstra-
20	tion of good cause by the health center.";
21	and
22	(B) in $subparagraph$ (C)—
23	(i) in the subparagraph heading, by
24	striking "AND PLANS";

1	(ii) by striking "or plan (as described
2	in subparagraphs (B) and (C) of subsection
3	(c)(1))";
4	(iii) by striking "or plan, including
5	the purchase" and inserting the following:
6	``including
7	"(i) the purchase";
8	(iv) by inserting ", which may include
9	data and information systems" after "of
10	equipment";
11	(v) by striking the period at the end
12	and inserting a semicolon; and
13	(vi) by adding at the end the following:
14	"(ii) the provision of training and
15	technical assistance; and
16	"(iii) other activities that—
17	"(I) reduce costs associated with
18	the provision of health services;
19	"(II) improve access to, and
20	availability of, health services provided
21	to individuals served by the centers;
22	"(III) enhance the quality and co-
23	ordination of health services; or
24	"(IV) improve the health status of
25	communities.":

1	(6) in subsection $(e)(5)(B)$ —
2	(A) in the heading of subparagraph (B), by
3	striking "AND PLANS"; and
4	(B) by striking "and subparagraphs (B)
5	and (C) of subsection (c)(1) to a health center or
6	to a network or plan" and inserting "to a health
7	center or to a network";
8	(7) by striking subsection (s);
9	(8) by redesignating subsections (g) through (r)
10	as subsections (h) through (s), respectively;
11	(9) by inserting after subsection (f), the fol-
12	lowing:
13	"(g) New Access Points and Expanded Serv-
14	ICES.—
15	"(1) Approval of New Access Points.—
16	"(A) In general.—The Secretary may ap-
17	prove applications for grants under subpara-
18	graph (A) or (B) of subsection (e)(1) to establish
19	new delivery sites.
20	"(B) Special consideration.—In car-
21	rying out subparagraph (A), the Secretary may
22	give special consideration to applicants that
23	have demonstrated the new delivery site will be
24	located within a sparsely populated area, or an

area which has a level of unmet need that is higher relative to other applicants.

"(C) Consideration of Applications.—
In carrying out subparagraph (A), the Secretary shall approve applications for grants under subparagraphs (A) and (B) of subsection (e)(1) in such a manner that the ratio of the medically underserved populations in rural areas which may be expected to use the services provided by the applicants involved to the medically underserved populations in urban areas which may be expected to use the services provided by the applicants is not less than two to three or greater than three to two.

"(D) Service area overlap.—If in carrying out subparagraph (A) the applicant proposes to serve an area that is currently served by another health center funded under this section, the Secretary may consider whether the award of funding to an additional health center in the area can be justified based on the unmet need for additional services within the catchment area.

"(2) Approval of expanded service applications.— 

- "(A) IN GENERAL.—The Secretary may approve applications for grants under subparagraph (A) or (B) of subsection (e)(1) to expand the capacity of the applicant to provide required primary health services described in subsection (b)(1) or additional health services described in subsection (b)(2).
  - "(B) PRIORITY EXPANSION PROJECTS.—In carrying out subparagraph (A), the Secretary may give special consideration to expanded service applications that seek to address emerging public health or behavioral health, mental health, or substance abuse issues through increasing the availability of additional health services described in subsection (b)(2) in an area in which there are significant barriers to accessing care.
  - "(C) Consideration of applications.—
    In carrying out subparagraph (A), the Secretary shall approve applications for applicants in such a manner that the ratio of the medically underserved populations in rural areas which may be expected to use the services provided by the applicants involved to the medically underserved populations in urban areas which may be expected to use the services provided by such appli-

1	cants is not less than two to three or greater
2	than three to two.";
3	(10) in subsection (i) (as so redesignated)—
4	(A) in paragraph (1), by striking "and
5	children and youth at risk of homelessness" and
6	inserting ", children and youth at risk of home-
7	lessness, homeless veterans, and veterans at risk
8	of homelessness"; and
9	(B) in paragraph (5)—
10	(i) by striking subparagraph (B);
11	(ii) by redesignating subparagraph (C)
12	as subparagraph (B); and
13	(iii) in subparagraph (B) (as so redes-
14	ignated)—
15	(I) in the subparagraph heading,
16	by striking "ABUSE" and inserting
17	"USE DISORDER"; and
18	(II) by striking "abuse" and in-
19	serting "use disorder";
20	(11) in subsection (l) (as so redesignated)—
21	(A) in paragraph (2)—
22	(i) in the paragraph heading, by in-
23	serting "UNMET" before "NEED";
24	(ii) in the matter preceding subpara-
25	graph (A), by inserting "and an applica-

1	tion for a grant under subsection (g)" after
2	"subsection $(e)(1)$ ";
3	(iii) in subparagraph (A), by inserting
4	"unmet" before "need for health services";
5	(iv) in subparagraph (B), by striking
6	"and" at the end;
7	(v) in subparagraph (C), by striking
8	the period at the end and inserting "; and";
9	and
10	(vi) by adding after subparagraph (C)
11	$the\ following:$
12	"(D) in the case of an application for a
13	grant $pursuant$ to $subsection$ $(g)(1)$ , $a$ $dem$ -
14	onstration that the applicant has consulted with
15	appropriate State and local government agen-
16	cies, and health care providers regarding the
17	need for the health services to be provided at the
18	proposed delivery site.";
19	(B) in paragraph (3)—
20	(i) in the matter preceding subpara-
21	graph (A), by inserting "or subsection (g)"
22	after "subsection (e)(1)(B)";
23	(ii) in subparagraph (B), by striking
24	"in the catchment area of the center" and
25	inserting ", including other health care pro-

1	viders that provide care within the
2	catchment area, local hospitals, and spe-
3	cialty providers in the catchment area of
4	the center, to provide access to services not
5	available through the health center and to
6	reduce the non-urgent use of hospital emer-
7	gency departments";
8	(iii) in subparagraph (H)(ii), by in-
9	serting "who shall be directly employed by
10	the center" after "approves the selection of
11	a director for the center";
12	(iv) in subparagraph (L), by striking
13	"and" at the end;
14	(v) in subparagraph (M), by striking
15	the period and inserting "; and"; and
16	(vi) by inserting after subparagraph
17	(M), the following:
18	"(N) the center has written policies and
19	procedures in place to ensure the appropriate use
20	of Federal funds in compliance with applicable
21	Federal statutes, regulations, and the terms and
22	conditions of the Federal award."; and
23	(C) by striking paragraph (4);
24	(12) in subsection (m) (as so redesignated), by
25	adding at the end the following: "Funds expended to

carry out activities under this subsection and operational support activities under subsection (n) shall not exceed 3 percent of the amount appropriated for this section for the fiscal year involved.";

(13) in subsection (q) (as so redesignated), by striking "grants for new health centers under subsections (c) and (e)" and inserting "operating grants under subsection (e), applications for new access points and expanded service pursuant to subsection (g)";

(14) in subsection (r)(4) (as so redesignated), by adding at the end the following: "A waiver provided by the Secretary under this paragraph may not remain in effect for more than 1 year and may not be extended after such period. An entity may not receive more than one waiver under this paragraph in consecutive years.";

(15) in subsection (s)(3) (as so redesignated)—

(A) by striking "appropriate committees of Congress a report concerning the distribution of funds under this section" and inserting the following: "Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of

1	Representatives, a report including, at a min-
2	imum—
3	"(A) the distribution of funds for carrying
4	out this section";
5	(B) by striking "populations. Such report
6	shall include an assessment" and inserting the
7	following: "populations;
8	"(B) an assessment";
9	(C) by striking "and the rationale for any
10	substantial changes in the distribution of funds."
11	and inserting a semicolon; and
12	(D) by adding at the end the following:
13	"(C) the distribution of awards and funding
14	for new or expanded services in each of rural
15	areas and urban areas;
16	"(D) the distribution of awards and fund-
17	ing for establishing new access points, and the
18	number of new access points created;
19	"(E) the amount of unexpended funding for
20	loan guarantees and loan guarantee authority
21	under title XVI;
22	"(F) the rationale for any substantial
23	changes in the distribution of funds;
24	"(G) the rate of closures for health centers
25	and access points;

1	"(H) the number and reason for any grants
2	awarded pursuant to subsection $(e)(1)(B)$ ; and
3	"(I) the number and reason for any waivers
4	provided pursuant to subsection $(r)(4)$ ."; and
5	(16) in subsection (s) (as so redesignated) by
6	adding at the end the following new paragraph:
7	"(5) Funding for participation of health
8	CENTERS IN ALL OF US RESEARCH PROGRAM.—In ad-
9	dition to any amounts made available pursuant to
10	subsection (d) of this section, paragraph (1) of this
11	subsection, section 402A of this Act, or section 10503
12	of the Patient Protection and Affordable Care Act,
13	there is authorized to be appropriated, and there is
14	appropriated, out of any monies in the Treasury not
15	otherwise appropriated, to the Secretary \$25,000,000
16	for fiscal year 2018 to support the participation of
17	health centers in the All of Us Research Program
18	under the Precision Medicine Initiative under section
19	498E of this Act.".
20	(c) National Health Service Corps.—Section
21	10503(b)(2)(E) of the Patient Protection and Affordable
22	Care Act (42 U.S.C. 254b-2(b)(2)(E)) is amended by strik-
23	ing "2017" and inserting "2019".
24	(d) Application.—Amounts appropriated pursuant
25	to this section for fiscal year 2018 or 2019 are subject to

- the requirements contained in Public Law 115–31 for funds for programs authorized under sections 330 through 340 of the Public Health Service Act (42 U.S.C. 254b-256). 4 (e) Conforming Amendments.—Section 3014(h) of title 18, United States Code, is amended— 6 (1) in paragraph (1), by striking ", as amended 7 by section 221 of the Medicare Access and CHIP Re-8 authorization Act of 2015,"; and 9 (2) in paragraph (4), by inserting "and section 10 101(d) of the Community Health And Medical Profes-11 sionals Improve Our Nation Act of 2017" after "sec-12 tion 221(c) of the Medicare Access and CHIP Reau-13 thorization Act of 2015". 14 SEC. 102. EXTENSION FOR SPECIAL DIABETES PROGRAMS. 15 (a) Special Diabetes Program for Type I Diabe-TES.—Section 330B(b)(2)(C) of the Public Health Service Act (42 U.S.C. 254c-2(b)(2)(C)) is amended by striking "2017" and inserting "2019". 18 19 (b) Special Diabetes Program for Indians.—Section 330C(c)(2) of the Public Health Service Act (42 U.S.C. 21 254c-3(c)(2)) is amended— 22 (1) in subparagraph (C), by striking "and" at 23 the end;
- 25 at the end and inserting "and \$112,500,000 for the

(2) in subparagraph (D), by striking the period

24

1	period consisting of the second, third, and fourth
2	quarters of fiscal year 2018; and"; and
3	(3) by adding at the end the following:
4	"(E) \$150,000,000 for fiscal year 2019.".
5	SEC. 103. REAUTHORIZATION OF PROGRAM OF PAYMENTS
6	TO TEACHING HEALTH CENTERS THAT OPER-
7	ATE GRADUATE MEDICAL EDUCATION PRO-
8	GRAMS.
9	(a) Payments.—Subsection (a) of section 340H of the
10	Public Health Service Act (42 U.S.C. 256h) is amended to
11	read as follows:
12	"(a) Payments.—
13	"(1) In general.—Subject to subsection $(h)(2)$ ,
14	the Secretary shall make payments under this section
15	for direct expenses and indirect expenses to qualified
16	teaching health centers that are listed as sponsoring
17	institutions by the relevant accrediting body for—
18	"(A) maintenance of existing approved
19	graduate medical residency training programs;
20	"(B) expansion of existing approved grad-
21	uate medical residency training programs; and
22	"(C) establishment of new approved grad-
23	uate medical residency training programs, as
24	appropriate.

1	"(2) Priority.—In making payments pursuant
2	to paragraph (1)(C), the Secretary shall give priority
3	to qualified teaching health centers that—
4	"(A) serve a health professional shortage
5	area with a designation in effect under section
6	332 or a medically underserved community (as
7	defined in section 799B); or
8	"(B) are located in a rural area (as defined
9	in section $1886(d)(2)(D)$ of the Social Security
10	Act).".
11	(b) Funding.—Subsection (g) of section 340H of the
12	Public Health Service Act (42 U.S.C. 256h) is amended—
13	(1) by striking "To carry out" and inserting the
14	following:
15	"(1) In general.—To carry out";
16	(2) by striking "and \$15,000,000 for the first
17	quarter of fiscal year 2018" and inserting ",
18	\$15,000,000 for the first quarter of fiscal year 2018,
19	\$111,500,000 for the period consisting of the second,
20	third, and fourth quarters of fiscal year 2018, and
21	\$126,500,000 for fiscal year 2019, to remain available
22	until expended"; and
23	(3) by adding at the end the following:
24	"(2) Administrative expenses.—Of the
25	amount made available to carry out this section for

1	any fiscal year, the Secretary may not use more than
2	5 percent of such amount for the expenses of admin-
3	istering this section.".
4	(c) Annual Reporting.—Subsection (h)(1) of section
5	340H of the Public Health Service Act (42 U.S.C. 256h)
6	is amended—
7	(1) by redesignating subparagraph (D) as sub-
8	paragraph (H); and
9	(2) by inserting after subparagraph (C) the fol-
10	lowing:
11	"(D) The number of patients treated by
12	residents described in paragraph (4).
13	"(E) The number of visits by patients treat-
14	ed by residents described in paragraph (4).
15	"(F) Of the number of residents described in
16	paragraph (4) who completed their residency
17	training at the end of such residency academic
18	year, the number and percentage of such resi-
19	dents entering primary care practice (meaning
20	any of the areas of practice listed in the defini-
21	tion of a primary care residency program in sec-
22	tion 749A).
23	"(G) Of the number of residents described in
24	paragraph (4) who completed their residency
25	training at the end of such residency academic

1	year, the number and percentage of such resi-
2	dents who entered practice at a health care facil-
3	ity—
4	"(i) primarily serving a health profes-
5	sional shortage area with a designation in
6	effect under section 332 or a medically un-
7	derserved community (as defined in section
8	799B); or
9	"(ii) located in a rural area (as de-
10	fined in section $1886(d)(2)(D)$ of the Social
11	Security Act).".
12	(d) Report on Training Costs.—Not later than
13	March 31, 2019, the Secretary of Health and Human Serv-
14	ices shall submit to the Congress a report on the direct grad-
15	uate expenses of approved graduate medical residency
16	training programs, and the indirect expenses associated
17	with the additional costs of teaching residents, of qualified
18	teaching health centers (as such terms are used or defined
19	in section 340H of the Public Health Service Act (42 U.S.C.
20	256h)).
21	(e) Definition.—Subsection (j) of section 340H of the
22	Public Health Service Act (42 U.S.C. 256h) is amended—
23	(1) by redesignating paragraphs (2) and (3) as
24	paragraphs (3) and (4), respectively; and

1 (2) by inserting after paragraph (1) the fol-2 lowing: 3 "(2) New approved graduate medical resi-DENCY TRAINING PROGRAM.—The term 'new approved 4 graduate medical residency training program' means 5 6 an approved graduate medical residency training 7 program for which the sponsoring qualified teaching health center has not received a payment under this 8 9 section for a previous fiscal year (other than pursuant 10 to subsection (a)(1)(C).". 11 (f) Technical Correction.—Subsection (f) of section 340H (42 U.S.C. 256h) is amended by striking "hospital" each place it appears and inserting "teaching health center". 14 15 (q) Payments for Previous Fiscal Years.—The provisions of section 340H of the Public Health Service Act (42 U.S.C. 256h), as in effect on the day before the date of enactment of this Act, shall continue to apply with respect to payments under such section for fiscal years before 20 fiscal year 2018. SEC. 104. EXTENSION FOR FAMILY-TO-FAMILY HEALTH IN-22 FORMATION CENTERS. 23 Section 501(c) of the Social Security Act (42 U.S.C. 701(c)) is amended— 24 25 (1) in paragraph (1)(A)—

1	(A) in clause (v), by striking "and" at the
2	end;
3	(B) in clause (vi), by striking the period at
4	the end and inserting "; and"; and
5	(C) by adding at the end the following new
6	clause:
7	"(vii) \$6,000,000 for each of fiscal years 2018
8	and 2019.";
9	(2) in paragraph (3)(C), by inserting before the
10	period the following: ", and with respect to fiscal
11	years 2018 and 2019, such centers shall also be devel-
12	oped in all territories and at least one such center
13	shall be developed for Indian tribes"; and
14	(3) by amending paragraph (5) to read as fol-
15	lows:
16	"(5) For purposes of this subsection—
17	"(A) the term 'Indian tribe' has the meaning
18	given such term in section 4 of the Indian Health
19	Care Improvement Act (25 U.S.C. 1603);
20	"(B) the term 'State' means each of the 50 States
21	and the District of Columbia; and
22	"(C) the term 'territory' means Puerto Rico,
23	Guam, American Samoa, the Virgin Islands, and the
24	Northern Mariana Islands.".

1	SEC. 105. YOUTH EMPOWERMENT PROGRAM; PERSONAL RE-
2	SPONSIBILITY EDUCATION.
3	(a) Youth Empowerment Program.—
4	(1) In general.—Section 510 of the Social Se-
5	curity Act (42 U.S.C. 710) is amended to read as fol-
6	lows:
7	"SEC. 510. YOUTH EMPOWERMENT PROGRAM.
8	"(a) In General.—
9	"(1) Allotments to states.—For the purpose
10	described in subsection (b), the Secretary shall, for
11	each of fiscal years 2018 and 2019, allot to each State
12	which has transmitted an application for the fiscal
13	year under section 505(a) an amount equal to the
14	product of—
15	"(A) the amount appropriated pursuant to
16	subsection (e)(1) for the fiscal year, minus the
17	amount reserved under subsection (e)(2) for the
18	fiscal year; and
19	"(B) the proportion that the number of low-
20	income children in the State bears to the total of
21	such numbers of children for all the States.
22	"(2) Other allotments.—
23	"(A) Other entities.—For the purpose
24	described in subsection (b), the Secretary shall,
25	for each of fiscal years 2018 and 2019, for any
26	State which has not transmitted an application

1	for the fiscal year under section 505(a), allot to
2	one or more entities in the State the amount that
3	would have been allotted to the State under
4	paragraph (1) if the State had submitted such
5	an application.
6	"(B) Process.—The Secretary shall select
7	the recipients of allotments under subparagraph
8	(A) by means of a competitive grant process
9	under which—
10	"(i) not later than 30 days after the
11	deadline for the State involved to submit an
12	application for the fiscal year under section
13	505(a), the Secretary publishes a notice so-
14	liciting grant applications; and
15	"(ii) not later than 120 days after such
16	deadline, all such applications must be sub-
17	mitted.
18	"(b) Purpose.—
19	"(1) In general.—Except for research under
20	paragraph (5) and information collection and report-
21	ing under paragraph (6), the purpose of an allotment
22	under subsection (a) to a State (or to another entity
23	in the State pursuant to subsection (a)(2)) is to en-
24	able the State or other entity to implement education

1	exclusively on sexual risk avoidance (meaning volun-
2	tarily refraining from sexual activity).
3	"(2) Required components.—Education on
4	sexual risk avoidance pursuant to an allotment under
5	this section shall—
6	"(A) ensure that the unambiguous and pri-
7	mary emphasis and context for each topic de-
8	scribed in paragraph (3) is a message to youth
9	that normalizes the optimal health behavior of
10	avoiding nonmarital sexual activity;
11	"(B) be medically accurate and complete;
12	"(C) be age-appropriate; and
13	"(D) be based on adolescent learning and
14	developmental theories for the age group receiv-
15	ing the education.
16	"(3) Topics.—Education on sexual risk avoid-
17	ance pursuant to an allotment under this section
18	shall address each of the following topics:
19	"(A) The holistic individual and societal
20	benefits associated with personal responsibility,
21	self-regulation, goal setting, healthy decision-
22	making, and a focus on the future.
23	"(B) The advantage of refraining from non-
24	marital sexual activity in order to improve the

1	future prospects and physical and emotional
2	health of youth.
3	"(C) The increased likelihood of avoiding
4	poverty when youth attain self-sufficiency and
5	emotional maturity before engaging in sexual ac-
6	tivity.
7	"(D) The foundational components of
8	healthy relationships and their impact on the
9	formation of healthy marriages and safe and sta-
10	ble families.
11	"(E) How other youth risk behaviors, such
12	as drug and alcohol usage, increase the risk for
13	teen sex.
14	"(F) How to resist and avoid, and receive
15	help regarding, sexual coercion and dating vio-
16	lence, recognizing that even with consent teen sex
17	remains a youth risk behavior.
18	"(4) Contraception.—Education on sexual risk
19	avoidance pursuant to an allotment under this section
20	shall ensure that—
21	"(A) any information provided on contra-
22	ception is medically accurate and ensures that
23	students understand that contraception offers
24	physical risk reduction, but not risk elimination;
25	and

1	"(B) the education does not include dem-
2	onstrations, simulations, or distribution of con-
3	traceptive devices.
4	"(5) Research.—
5	"(A) In general.—A State or other entity
6	receiving an allotment pursuant to subsection (a)
7	may use up to 20 percent of such allotment to
8	build the evidence base for sexual risk avoidance
9	education by conducting or supporting research.
10	"(B) Requirements.—Any research con-
11	ducted or supported pursuant to subparagraph
12	(A) shall be—
13	$"(i)\ rigorous;$
14	"(ii) evidence-based; and
15	"(iii) designed and conducted by inde-
16	pendent researchers who have experience in
17	conducting and publishing research in peer-
18	$reviewed\ outlets.$
19	"(6) Information collection and report-
20	ING.—A State or other entity receiving an allotment
21	pursuant to subsection (a) shall, as specified by the
22	Secretary—
23	"(A) collect information on the programs
24	and activities funded through the allotment; and

1	"(B) submit reports to the Secretary on the
2	data from such programs and activities.
3	"(c) National Evaluation.—
4	"(1) In general.—The Secretary shall—
5	"(A) in consultation with appropriate State
6	and local agencies, conduct one or more rigorous
7	evaluations of the education funded through this
8	section and associated data; and
9	"(B) submit a report to the Congress on the
10	results of such evaluations, together with a sum-
11	mary of the information collected pursuant to
12	subsection (b)(6).
13	"(2) Consultation.—In conducting the evalua-
14	tions required by paragraph (1), including the estab-
15	lishment of evaluation methodologies, the Secretary
16	shall consult with relevant stakeholders.
17	"(d) Applicability of Certain Provisions.—
18	"(1) Sections 503, 507, and 508 apply to allot-
19	ments under subsection (a) to the same extent and in
20	the same manner as such sections apply to allotments
21	$under\ section\ 502(c).$
22	"(2) Sections 505 and 506 apply to allotments
23	under subsection (a) to the extent determined by the
24	Secretary to be appropriate.
25	"(e) Funding.—

1	"(1) In general.—To carry out this section,
2	there is appropriated, out of any money in the Treas-
3	ury not otherwise appropriated, \$75,000,000 for each
4	of fiscal years 2018 and 2019.
5	"(2) Reservation.—The Secretary shall reserve,
6	for each of fiscal years 2018 and 2019, not more than
7	20 percent of the amount appropriated pursuant to
8	paragraph (1) for administering the program under
9	this section, including the conducting of national
10	evaluations and the provision of technical assistance
11	to the recipients of allotments.".
12	(2) Effective date.—The amendment made by
13	this section takes effect on October 1, 2017.
14	(b) Personal Responsibility Education.—
15	(1) In general.—Section 513 of the Social Se-
16	curity Act (42 U.S.C. 713) is amended—
17	(A) in subsection $(a)(1)(A)$ , by striking
18	"2017" and inserting "2019"; and
19	(B) in subsection $(a)(4)$ —
20	(i) in subparagraph (A), by striking
21	"2017" each place it appears and inserting
22	"2019"; and
23	(ii) in subparagraph (B)—
24	(I) in the subparagraph heading,
25	by striking "3-YEAR GRANTS" and in-

1	serting "Competitive prep grants";
2	and
3	(II) in clause (i), by striking "so-
4	licit applications to award 3-year
5	grants in each of fiscal years 2012
6	through 2017" and inserting "continue
7	through fiscal year 2019 grants award-
8	ed for any of fiscal years 2015 through
9	2017";
10	(C) in subsection $(c)(1)$ , by inserting after
11	"youth with HIV/AIDS," the following: "victims
12	of human trafficking,"; and
13	(D) in subsection (f), by striking "2017"
14	and inserting "2019".
15	(2) Effective date.—The amendments made
16	by this subsection take effect on October 1, 2017.

1	TITLE II—OFFSETS
2	SEC. 201. PROVIDING FOR QUALIFIED HEALTH PLAN GRACE
3	PERIOD REQUIREMENTS FOR ISSUER RE-
4	CEIPT OF ADVANCE PAYMENTS OF COST-
5	SHARING REDUCTIONS AND PREMIUM TAX
6	CREDITS THAT ARE MORE CONSISTENT WITH
7	STATE LAW GRACE PERIOD REQUIREMENTS.
8	(a) In General.—Section 1412(c) of the Patient Pro-
9	tection and Affordable Care Act (42 U.S.C. 18082(c)) is
10	amended—
11	(1) in paragraph (2)—
12	(A) in subparagraph $(B)(iv)(II)$ , by strik-
13	ing "a 3-month grace period" and inserting "a
14	grace period specified in subparagraph (C)"; and
15	(B) by adding at the end the following new
16	subparagraphs:
17	"(C) Grace period specified.—For pur-
18	poses of subparagraph $(B)(iv)(II)$ , the grace pe-
19	riod specified in this subparagraph is—
20	"(i) for plan years beginning before
21	January 1, 2018, a 3-month grace period;
22	and
23	"(ii) for plan years beginning on or
24	after January 1, 2018—

1	"(I) in the case of an Exchange
2	operating in a State that has a State
3	law grace period in place, such State
4	law grace period; and
5	"(II) in the case of an Exchange
6	operating in a State that does not have
7	a State law grace period in place, a 1-
8	month grace period.
9	"(D) State law grace period.—For pur-
10	poses of subparagraph (C), the term 'State law
11	grace period' means, with respect to a State, a
12	grace period for nonpayment of premiums before
13	discontinuing coverage that is applicable under
14	the State law to health insurance coverage offered
15	in the individual market of the State."; and
16	(2) in paragraph (3), by adding at the end the
17	following new sentence: "The requirements of para-
18	$graph\ (2)(B)(iv)\ apply\ to\ an\ issuer\ of\ a\ qualified$
19	health plan receiving an advanced payment under
20	this paragraph in the same manner and to the same
21	extent that such requirements apply to an issuer of a
22	qualified health plan receiving an advanced payment
23	$under\ paragraph\ (2)(A).$ ".
24	(b) Report on Aligning Grace Periods for Med-
25	ICAID. MEDICARE. AND EXCHANGE PLANS.—Not later than

two years after the date of full implementation of subsection 1 2 (a), the Comptroller General of the United States shall submit to Congress a report on— 3 (1) the effects on consumers of aligning grace pe-4 5 riods applied under the Medicaid program under title 6 XIX of the Social Security Act, under the Medicare program under parts C and D of title XVIII of such 7 8 Act, and under qualified health plans offered on an 9 Exchange established under title I of the Patient Pro-10 tection and Affordable Care Act, including the extent 11 to which such an alignment of grace periods may help 12 to avoid enrollment status confusion for individuals 13 under such Medicaid program, Medicare program, 14 and qualified health plans; and 15 (2) the extent to which such an alignment of 16 grace periods may reduce fraud, waste, and abuse 17 under the Medicaid program. 18 SEC. 202. PREVENTION AND PUBLIC HEALTH FUND. 19 Section 4002(b) of the Patient Protection and Afford-20 able Care Act (42 U.S.C. 300u-11(b)) is amended by strik-21 ing paragraphs (3) through (8) and inserting the following 22 new paragraphs: 23 "(3) for fiscal year 2018, \$900,000,000; 24 "(4) for fiscal year 2019, \$500,000,000;

"(5) for fiscal year 2020, \$500,000,000:

25

1	"(6) for fiscal year 2021, \$500,000,000;
2	"(7) for fiscal year 2022, \$500,000,000;
3	"(8) for fiscal year 2023, \$500,000,000;
4	"(9) for fiscal year 2024, \$500,000,000;
5	"(10) for fiscal year 2025, \$750,000,000;
6	"(11) for fiscal year 2026, \$1,000,000,000; and
7	"(12) for fiscal year 2027 and each fiscal year
8	thereafter, \$2,000,000,000.".

# Union Calendar No. 262

115TH CONGRESS H. R. 3922

[Report No. 115-359, Part I]

# A BILL

To extend funding for certain public health programs, and for other purposes.

OCTOBER 19, 2017

Reported from the Committee on Energy and Commerce with an amendment

OCTOBER 19, 2017

The Committee on Ways and Means discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed